Date Updated:_____
Note: Annual Update Required!

Last Name_____, First Name_____Phone # _____

E-Mail Address_____ Driver's License #_____

Address: _____ City_____ State:___ Zip:_____

Statement of Commitment: I, _____, intend to participate as a volunteer at the TURNING POINT Therapeutic Horsemanship Program.

☐ I understand that the TURNING POINT is accredited by Professional Association of Therapeutic Horsemanship and as such I have a responsibility to learn and follow PATH standards in the performance of my volunteer services.

☐ I understand that I am making a committment to perform specific duties on a specific schedule. If an absence is unavoidable, I will find a replacement and/or notify the Instructor in writing in advance, Failure to do so will result in a loss of volunteer credit for any service.

☐ I understand that I am responsible for entering my service time in my file at every session and that Turning Point will provide me with a signed Record of Service at the end of the semester if requested.

Signature_____ Date_____

Authorization for Emergency Medical Treatment

Name:_____ D.O.B_____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Provider: _____Policy # _____

Allergies to Medication: _____

Current Medications: _____

Accomodations needed: i.e. Allergies, Recent Injuries, Diagnoses:_____

Emergency Contacts:

Name: _____Relation: _____ Phone: _____

Name: _____Relation: _____ Phone: _____

In the event emergency medical treatment is needed during programming, volunteer service or while on the property of the center, I authorize TURNING POINT to secure treatment and transport if needed and to release medical information on this form to emergency medical personnel.

If Emergency Contacts listed above cannot be reached, this authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician.

Signature: _____ Date: _____

Initial ☐ **Confidentiality Policy/ Release**

TURNING POINT is designed to provide a valuable activity for individuals with various disabilities – physical, emotional and mental. Because of the nature of our service, we request information regarding the health and behavior of our clients that may be of a sensitive nature. We value each client's right to privacy and are committed to preserving the confidentiality of information provided to us -- balanced by our staff and volunteers' need to plan appropriate activities and protect the safety of our riders.

TURNING POINT goes to great lengths not to divulge any information about any client to anyone other than volunteers and instructors directly involved with that client unless given explicit permission to do so. As a volunteer/staff member at TURNING POINT I understand the importance of the above Confidentiality Policy and agree to abide by its intent. I also agree to respect the privacy of all clients and not discuss any aspect of a client's disability, behavior or health with anyone outside of TURNING POINT professionals involved with that client (i.e. instructors, program coordinators or the director) or the parent/guardian of that client.

Initial ☐ **Media Release**

I hereby consent to and authorize the taking, use and reproduction of any and all photographs, video and other audiovisual materials procured by Turning Point for use in promotional, printed or electronic materials, educational activities or any other use for the benefit of the program.

☐ I do consent ☐ I do not consent

Initial ☐ **Volunteer/Staff Liability Release**

I,_____, hereby acknowledge the inherent, forseeable, and unforseeable risks of working with horses and activities involving such animals.

In recognition thereof, and for and in consideration of the opportunity to work/participate as a volunteer at TURNING POINT, I hereby for myself and for my heirs, executors, administrators, successors and assigns, release, acquit, hold harmless, and forever discharge TURNING POINT and its directors, employees, volunteers, landlords/landowners and/or agents, from any and all liability, claims, losses, actions, suits, causes of action, demands, rights, damages, costs, expenses, fees and/or compensation of any type, description or character whatsoever, which may accrue on account of his/her participation as a volunteer at TURNING POINT.

By executing this agreement, it is my intention to assume all risk of bodily injury, death, or property damage occurring as a result of my participation as a volunteer at TURNING POINT.

Initial ☐ **Criminal Background Investigation/Authorization/Release :**

I,_____, hereby authorize TURNING POINT to receive information from federal, state and local law enforcement agencies, courts, and offender registries, and/or private investigative agencies, regarding any charge or conviction for a felony or misdemeanor offense. I agree to provide TURNING POINT all information required to properly identify me for this specific purpose, including but not limited to current and previous residential addresses, social security number, and drivers' license number.

Signature_____ Date_____